

IDAHO OIL AND GAS CONSERVATION COMMISSION WELL COMPLETION OR RECOMPLETION REPORT AND WELL REPORT



DESIGNATE TYPE OF COMPLETION:

New Well Work-Over Deepen Plug Back Same Reservoir Different Reservoir Oil Gas Dry Well Name/Number: ML Investments #3-10 LT US Well Number: 11-075-20031									Dry 🗆								
Operator; Alta Mesa Services, LP Contact Person; Dale Hayes																	
Address: 15021 Katy Freeway, Suite 400, Houston, TX 77094																	
Field & Reservoir: Willow Hamilton County: Payette Location: (SecTWP-Range or Block & Survey): Sect. 10, T8N, R4W Date Permit Issued: 10/13/2017																	
Location: (SecTWP-	Range or	Block & S	Survey):	Sect. 1), 18N, F	44 VV		_Date	Permit Is	sued: 10/	13/2017					
Date spudded 11/11/201	17 1				Date completed, ready to produ 1/10/2018					2,251' GL				2,251' GL			
Total depth P.B.T.D. ¹ 5,000 ft 4,909'				Single, dual, or triple completion				วก	If this is a dual or triple completion, furnish separate report for completion. Enter NA or Multiple; see separate report:				ort for each				
					y Tools used (interval)					Cable tools used (interval) NA							
Was this well Yes ☐ No [-		Yes [a directional survey made? No NA					Was a copy of directional filed? Yes ☐ No ☐ NA			у	Date filed NA			
Type of electr Triple combo					with the	oiesimmo:	Π)							Date filed 1/11/2018			
1 Plug Back Total Dept			•														
						C	ASIN	G REC	ORD								
Casing (repo	ort all string	js set in w	ell—cond	uctor, s	urface, in	termediate	e, prod	ducing,	etc.)								
Purpo	se		lole Drilled	1	Size Cas		W	Weight (lb./ft.)		D€	pth set	Sack	Sacks Cement		Amo	ount, Pulled	
Conduc			20"		16		_	65,5#		120'			200				
Surfac	12 1/4"			9 5/8"			40#		1100'			305					
Produc	8 1/2"			5 1/2"			17#		5000'			827		<u> </u>			
		1								_!					<u>l</u>		
	TUBING RECORD								LINER RECORD					·			
Size: (ft)	Tubing V				Packer set at: (ft)				To	op: (ft) Bottom: (ft)		t) Sac) Sacks Cement:		Screen: (ft)		
2 7/8"	6,5	#	4,305.7	2'	4,2	35		NA	+								
							l										
PERFORATION RECORD ACID, SHOT, FRACTURE, CEMENT SQUE							EZE REC	ORD									
Number	Size & Type			Depth Interval				Amount & Kind of Material Use				<u>Depth Interval</u>			erval		
6	20 mg, Jet			4328-35'								L					
				\longrightarrow				\perp									
								+					╀-				
				-												·	
Date of First Production: 1/7/2018 NOTE: Please attach copies of ALL pressure tests performed including: multi-point tests, build-up tests, bottom-hole pressure tests, and RFT's.																	
Date of Test Hrs. Tested 1/8/2018 11			1 1			Olt Prod, During Test (bbls.)			Gas Prod. During Test (MCF)				Water Prod. During Test (bbls.) 70.6				
Tubing Press 0 (swab)	Casin	Casing Pressure (PSI			BHP (PSI)			avity *	API (Corr)		lift o	Producing method (indicate if flowing, gas lift or pumping—if pumping, show size & type of pump):					
Cal'ted Rate	Oil (bbls.) Gas (l 26 NA			154			3.)		Gas—oil ratio			swabbing					
Disposition o	f gas (state	whether	vented, u	sed for	fuel or so	d): flared	1										



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Well Name/Number: ML Investments #3-10 LT	_US Well Number:	11-075-20031	
Operator: Alta Mesa Services, LP			9

DETAIL OF FORMATIONS PENETRATED

Glenns Ferry Chalk Hills Surface 2,335' MD TD Lacustrine and Fluvial Sediment Volcanic Ash, Lacustrine and Fluvial Sediment

^{*}In accordance with IDAPA 20.07.02.10.58, describe the strata, water, oil, or gas encountered. Provide additional information as to give volumes, pressures, rate of fill-up, water depths, caving strata, etc, as is usually recorded in normal procedure of drilling. Show all important zones of porosity, lithologic description of all cores, and all drill-stem tests, including depth interval tested, cushion used, time tool open, flowing and shut-in pressures and recoveries.

INSTRUCTIONS: IF NEEDED, PLEASE ATTACH A SEPARATE DOCUMENT FOR FORMATION DETAIL, IF PAGE TWO DOES NOT PROVIDE ENOUGH ROOM TO DO SO.

CERTIFICATE: I, the undersigned, state that I	am the Vice President
of the Alla Mesa Services, LP (company) and that	I am authorized by said company to make this report and that this report was prepared
under my supervision and direction and that the	e facts stated herein are true, correct and complete to the best of my knowledge.
February 2, 2018	Signature Hayes
Date	Signature

This Well Completion or Recompletion Report and Well Report shall be filed with the:

Idaho Department of Lands Oil and Gas Division 300 N. 6th Street, Suite 103 Boise, Idaho, 83702

not later than thirty (30) days after project completion as per Rule 20.07.02.340 and Idaho Code § 47-3.